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## FACSIMILE TRANSMITTAL SHEET

TO:

Examiner: E. Bernhardt  
USPTO

FAX NUMBER:

(571) 273-8300

FROM:

Palaiyur S. Kalyanaraman

PHONE NUMBER:

(908) 298-5068

TOTAL NO. OF PAGES INCLUDING COVER

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DATE

January 17, 2006

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NOTES/COMMENTS:

**PLEASE HAND DELIVER**In re Application of: **K. Paruch *et al.***For Patent entitled: **"17- $\beta$ -Hydroxysteroid Dehydrogenase Type 3 Inhibitors For The Treatment of Androgen Dependent Diseases"**

Group Art Unit: 1624

Filed: 11/14/2003


Attorney Docket No.: Oc01574

Serial No.: 10/713,828

Dear Examiner Bernhardt,

Transmitted herewith are:

- Fax Cover Sheet – 1pg.
- Cert. of Transmission – 1pg.
- Response Transmittal – 1pg.
- Amendment After Final Rejection – 7pgs.

  
Palaiyur S. Kalyanaraman  
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Docket Number: OC01574  
Application No: 10/713,828  
Filing Date: 11/14/2003  
First Inventor: PARUCH, Kamil

PTO/SB/97 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/713,828	
	Filing Date	11/14/2003	
	First Named Inventor	PARUCH, Kamil	
	Art Unit	1624	
	Examiner Name	E. Bernhardt	
Total Number of Pages in This Submission	10	Attorney Docket Number	OC01674

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD  <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):  Fax Cover Sheet - 1pg.; Cert. of Transmission - 1pg.
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PATENT: OC01574

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

K. Paruch *et al.*

Serial No.: 10/713,828

Filed: November 14, 2003

For: "17- $\beta$ -Hydroxysteroid Dehydrogenase  
Type 3 Inhibitors For The Treatment of  
Androgen Dependent Diseases"

Examiner: E. Bernhardt

Group Art Unit: 1624

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**AMENDMENT AFTER FINAL REJECTION PER 37 C.F.R. § 1.116**

This communication is in response to the Office Action (Final Rejection) that the Examiner issued on January 5, 2006, in the above-identified patent application. Claims 1, 3-17, 31 and 33-36 are pending in the application. Applicants respectfully request entry and consideration of the following Amendment and Remarks by Applicants. This communication is being faxed to 571-273-8300 to the Examiner's attention.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.